


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90081 001 ***450.00

DOCUMENT # P94000060569 1. Entity Name DORI BUSINESS, INC.	
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Principal Place of Business 3600 N.W. 37TH COURT MIAMI, FL 33142	Mailing Address 3600 N.W. 37TH COURT MIAMI, FL 33142
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66006080



DO NOT WRITE IN THIS SPACE

02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0530128	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MULLER, GEORGE
3600 N.W. 37 COURT
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, GEORGE 3600 N.W. 37TH COURT MIAMI, FL 33142
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Muller* **2-20-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #